PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

| | | | or <u>Fax</u> (5) | 71)-273-2885 | | | |
|---|--|---|---|---|--|---|--|
| INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notific | ned below or directed of | for transmitting the ISS ing the Patent, advance of therwise in Block 1, by (| UE FEE and PUBLICAT orders and notification of (a) specifying a new corre | 'ION FEE (if required maintenance fees will spondence address; an |). Blocks 1 through 5 sh be mailed to the current d/or (b) indicating a sepa | nould be completed when correspondence address a rate "FEE ADDRESS" for | |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission. | | | |
| 24112 7590 01/09/2009 | | | | | J | | |
| COATS & BENNETT, PLLC 1400 Crescent Green, Suite 300 Cary, NC 27518 | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| | | | | ALFUNSO G | SANDOUA | (Depositor's name) | |
| | | | | Alfun D. | BUARY 2009 | (Signature) | |
| APPLICATION NO. | FILING DATE | 3 | FIRST NAMED INVENTOR | AT | TORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/576,639 TITLE OF INVENTION | 12/26/2006 N: METHOD FOR GLUI | ING A CIRCUIT COMPO | Willbald Konrath ONENT TO A CIRCUIT S | Ilbald Konrath 4015-5820 5757 TO A CIRCUIT SUBSTRATE | | | |
| | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FE | E TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 04/09/2009 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS |] | | | |
| ARBES, CARL J | | 3729 | 029-834000 | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| | | A TO BE PRINTED ON | THE PATENT (print or ty | | | | |
| PLEASE NOTE: Un recordation as set for | less an assignee is ident th in 37 CFR 3.11. Comp | | data will appear on the p T a substitute for filing an | atent. If an assignee is assignment. | | cument has been filed for | |
| (A) NAME OF ASSI | | | (B) RESIDENCE: (CITY | (B) RESIDENCE: (CITY and STATE OR COUNTRY) STOCK FOLM, SWEDEN ated on the patent): Individual Teorporation or other private group entity. Government | | | |
| ERICSSO | | | . 3 | S L | WEDEN | | |
| Please check the appropr | riate assignee category or | categories (will not be pr | inted on the patent): | Individual Corpor | ation or other private grou | p entity Government | |
| 4a. The following fee(s) are submitted: Tissue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies | | | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18116.7 (enclose an extra copy of this form). | | | | |
| a. Applicant claim | tus (from status indicated as SMALL ENTITY statu | is. See 37 CFR 1.27. | | | NTITY status. See 37 CFF | | |
| NOTE: The Issue Fee an interest as shown by the | d Publication Fee (if requeecords of the United Sta | uired) will not be accepted tes Patent and Trademark | from anyone other than the Office. | ne applicant; a registere | d attorney or agent; or the | assignee or other party in | |
| Authorized Signature | xaval to | mult | | Date 4 Fe | EBRUARY 2 | 009 | |
| Typed or printed nam | OEVAG . | E. BENVE | 7. | Registration No. | 00 .0.1 | · - | |
| This collection of inform | ation is required by 37 C | FR 1.311. The information | on is required to obtain or r | etain a benefit by the pu | blic which is to file (and b | by the USPTO to process) | |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.